

DCS



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

Mitchell E. Daniels Jr.
Governor

Thomas W. Easterly
Commissioner

June 11, 2010

Northwest Regional Office

8380 Louisiana Street
Merrillville, Indiana 46410
(219) 757-0265
Toll Free (888) 209-8892
Fax (219) 757-0267
www.idem.IN.gov

VIA CERTIFIED MAIL 7190 0005 2710 0005 8027

Mr. Robert H. Lange
U. S. Steel, Gary Works
1 North Broadway
Gary, IN 46402

RE: Referral to USEPA, Region 5
U.S. Steel, Gary Works
Plant ID Number: 089-00121
Gary, Lake County

Dear Mr. Lange:

The First (1st) Quarter 2010 Report (January 1, 2010 through March 31, 2010) submitted by you on April 9, 2010, identified the following deviations:

1. Permit Condition D.6.13: On March 2, 2010 the VOC continuous monitoring system failed. The Permittee failed to remove oily scale in the sinter plant burden raw materials. Permittee also failed to sample and analyze the sinter burden for oil and grease.
2. Permit Condition D.9.14(e): On March 1, 2010 the Permittee failed to calibrate differential transmitter in a timely manner.

This matter has been referred to USEPA, Region 5 for appropriate action. Please direct any response to this letter and any questions to Dave Sampias at 219/757-0291.

Sincerely,

J. Robert Simmons
Deputy Director
Northwest Regional Office

JRS/dcs
ACES No. 117755
cc: File

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT

Source Name: U.S. Steel – Gary Works
Source Address: One North Broadway, Gary, Indiana 46402
Mailing Address: One North Broadway, Gary, Indiana 46402
Part 70 Permit No.: T089-7663-00121

Months: January 1 to March 31 Year: 2010

Page 1 of 1

<p>This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".</p>	
<input type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.	
<input checked="" type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.	
Permit Requirement (specify permit condition #): D.6.13	
Date of Deviation: 03/02/2010	Duration of Deviation: N/A
Number of Deviations: 1	
Probable Cause of Deviation: VOC continuous monitoring system failure	
Response Steps Taken: Repaired the VOC monitoring system; Changed burner hourly report to include instantaneous hourly readings, revised existing procedure that includes the recording of the instantaneous VOC readings and retrain employees.	

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this document is true, accurate and complete.

Form Completed By: Jon P. Michael
Title/Position: Division Manager, Iron Producing
Date: April 9, 2010
Phone: 219.888.4688

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: U.S. Steel – Gary Works
Source Address: One North Broadway, Gary, Indiana 46402
Mailing Address: One North Broadway, Gary, Indiana 46402
Part 70 Permit No.: T089-7663-00121

Months: January 1 to March 31 Year: 2010

Page 1 of 1

<p>This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".</p>	
<p><input type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><input checked="" type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p>Permit Requirement (specify permit condition #): D.9.14(e)</p>	
<p>Date of Deviation: 03/01/10</p>	<p>Duration of Deviation: n/a</p>
<p>Number of Deviations: 1</p>	
<p>Probable Cause of Deviation: Calibration for differential transmitter was not completed in a timely manner</p>	
<p>Response Steps Taken: Perform corrective interview with compliance manager on coordination, collaboration and communication, follow-up and follow through.</p>	

Form Completed By: Dan M. Killeen

Title/Position: Division Manager, Steel Producing North

Date: April 9, 2010

Phone: 219.888.4803

Attach a signed certification to complete this report.